03-5-5654

HARNETT COUNTY HEALTH DEPARTMENT

№ 19681

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) MASSEY, JERRY ☒ New Installation ☒ Septic Tank

Property Location: SR# 2026 BYRD POND RD ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 3.5 AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☒ Well ☐ Public ☐ Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☒ Other PUMP TO CONVENTIONAL

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12-14 in. MAX

French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 11/12/02

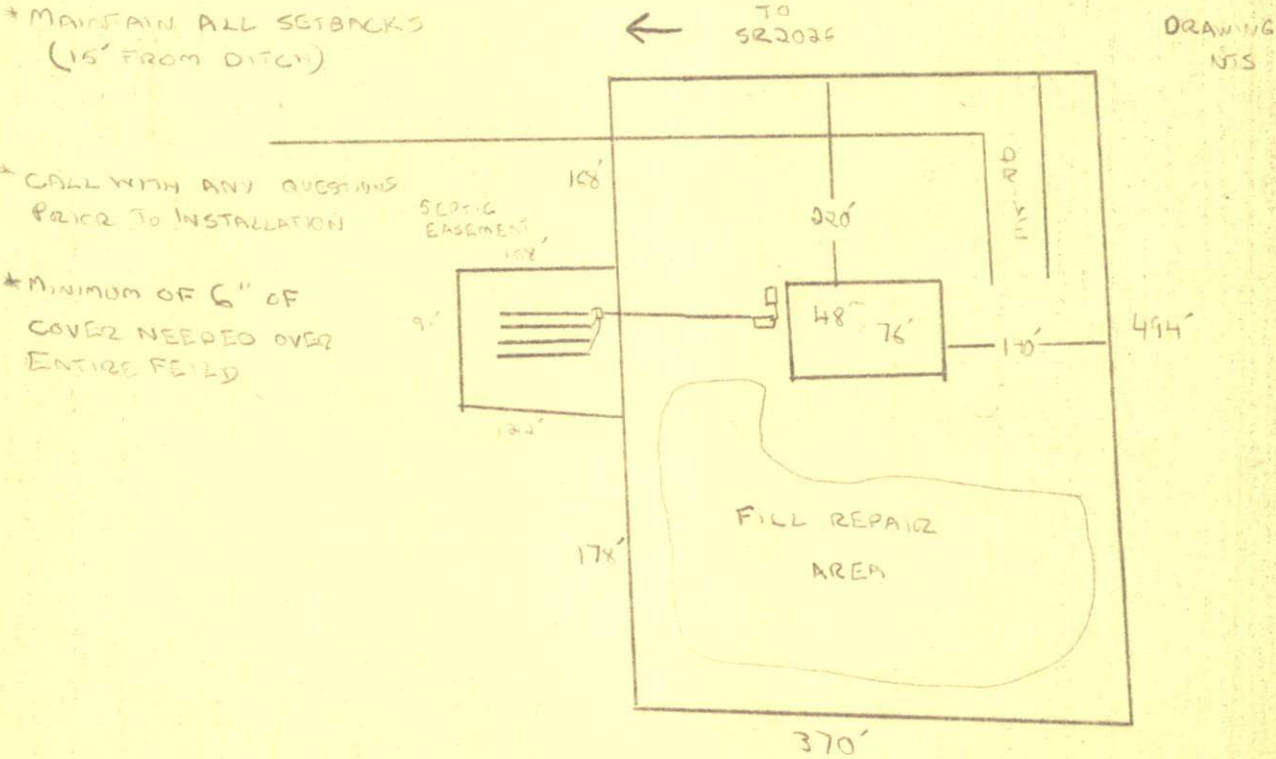
Signed: _____ (OLIVER TOLSON)

Environmental Health Specialist

* MAINTAIN ALL SETBACKS (15' FROM DITCH)

* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

* MINIMUM OF 6" OF COVER NEEDED OVER ENTIRE FIELD



HA[illegible]IT COUNTY HEALTH DEPARTMEN[illegible]

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Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19681. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. ***This authorization will be invalid if ownership, site plans, or intended use change.***

JERRY MASSEY — 910-574-5293
Name — Telephone #

2026 BYRD POND RD BUNNLEVEL NC
Address

2026 — BYRD POND RD
Property Location SR# — Road Name

Subdivision — Lot # — 4 # Bedrooms Proposed — 3.98 AC Lot size

TYPE OF SYSTEM

[X] New Installation [ ] Repair [X] Septic Tank [X] Nitrification Lines

[ ] Conventional Other PUMP TO CONV. [ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [X] Well [ ] Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 12-14 inches MAX

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

Signature of Authorized Agent for Harnett County — 11/12/02 Date